

LA-UR-11-12051

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Title:	CP-26 Portable Toilets
Author(s):	Ping, Kathie
Intended for:	Request for expression of interest/Scope of Work Report



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Notice for Federal Business Opportunities

General Information:

Document Type: Sources Sought

Solicitation Number: 168780

Title: CP-26 Portable Toilets

Response Date: 12/23/2011

Classification Code: 45

NAICS: 326191

Small Business Set Aside: NO

Recovery Act Project: No

Contracting Office Address: Acquisition Services Management - CMRR Project
Los Alamos National Laboratory (DOE Contractor)
PO Box 1663 MS D442
Los Alamos, NM 87545.

Point(s) of Contact:

Primary: Name: **Kathie Ping**
E-Mail: **kdping@lanl.gov**

Secondary: Name: **Christina Garcia**
E-Mail: **garciac@lanl.gov**

Description:

BACKGROUND:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential procurements of engineered equipment for the planned CMRR Nuclear Facility at the Los Alamos National laboratory. A bidders list will be developed for each type of engineered equipment to be procured.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request.

INSTRUCTIONS:

All interested, capable, and responsible sources that wish to respond to this sources sought are required to download the supplementary document(s) included on the posting website.

The supplements include a summary scope of work and several questionnaire(s) that must be completed in their entirety and returned electronically to the identified Point(s) of Contact by the Requested Response Date. The questionnaires are designed to evaluate general subcontractor capabilities (technical and financial), safety experience, and quality experience.

Once the sources sought requirement has closed, the CMRR Project will Pre-Qualify offerors based on accurate and complete submission of the questionnaire(s).



Request for Expression of Interest

Deliver

CP-26 Portable Toilets

Non-Safety Potable water Skid

The Chemistry & Metallurgy Research Replacement (CMRR) Facility.

Los Alamos National Laboratory (LANL) is seeking Expressions of Interest and Prequalification Data from qualified firms for the products described below.

GENERAL NOTES:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential procurements of engineered equipment for the planned CMRR Nuclear Facility at the Los Alamos National laboratory. A bidders list will be developed for each type of engineered equipment to be procured.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request

SCOPE OF WORK:

The SUPPLIER shall furnish and place 20 to 40 portable toilets to the various CMRR construction sites. The required portable toilets will be delivered to Los Alamos National Laboratory Technical Areas (TAs) 48, 55, 63 and 72. TAs 48, 55, and 63 are located in the vicinity of the intersections of Gamma Ray and Puye Roads with Pajarito Road and TA 72 is located on the truck route East Jemez Rd. Delivery and service of all portable toilets shall be performed within an occupied campus area and will require stringent safety controls and protection of people and existing facilities. The Work includes, but is not limited to:

- Delivery and placement of 20 to 40 portable toilets at up to 10 locations as determined by Construction Management and Superintendents.
- Provide 1-2 toilet trailers at the main construction site located in TA-55.
- All portable toilets will require staking or counter weighting to prevent being blown over in high winds.
- Provide two portable toilets with lifting hooks for placement onto tower cranes
- Provide hand-washing station, soap and disposable hand drying towels at each location of portable toilets.
- Service and emptying of all portable toilets at intervals not to exceed 4 days. More frequent servicing may be required.
- Service shall include cleaning and restocking toilet paper and hand wash stations at the time of servicing.
- Designating of Mens and Womens toilets with attached labels will be required.

- Service personnel shall have required training such as blood borne pathogens and required immunizations for handling of hazardous waste.
- Provide clean up services in the event a portable toilet unit is tipped over.
- Drivers and service personnel may be required to wear personnel protective clothing in construction areas which could include sturdy boots, hard hat, safety glasses, safety vest and gloves.

Subcontractor shall maintain a marked map of all portable toilet locations. Map of placement areas will be provided my LANL.

SUPPLIER / CONTRACTOR QUESTIONNAIRE

Enter Dun and Bradstreet (DUNS) Number:							
1. GENERAL INFORMATION							
NAME OF COMPANY (Full Legal Name)							
STREET ADDRESS				CITY - STATE - ZIP CODE			
MAILING ADDRESS				CITY - STATE - ZIP CODE			
TELEPHONE		FACSIMILE			E-MAIL		
WEBSITE		TELEX/TWX/CABLE			OTHER		
A. Type of Business (check box or boxes)				<input type="checkbox"/> CORPORATION OR COMPANY	<input type="checkbox"/> SUBSIDIARY	<input type="checkbox"/> DIVISION	<input type="checkbox"/> PARTNERSHIP
Name and location of Parent Company				DUNS No.			
If a Division, enter name and location of Corporate Headquarters				DUNS No.			
If more than one DUNS number applies to your operation, attach additional explanatory page(s).							
B. Type of Facility (check box or boxes)				<input type="checkbox"/> MANUFACTURER/ FABRICATOR	<input type="checkbox"/> DISTRIBUTOR/ SUPPLY HOUSE	<input type="checkbox"/> ASSEMBLY/ SHOP	<input type="checkbox"/> MANUFACTURERS REPRESENTATIVE
				<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> ARCHITECT/ ENGINEER	<input type="checkbox"/> TECHNICAL SERVICE	<input type="checkbox"/> GENERAL SERVICE
				<input type="checkbox"/> OTHER (SPECIFY) _____			
C. Enter Applicable SIC Codes:							
D. Enter Applicable NAICS Codes (North America):							
E. Date Business Founded:				Under Present Ownership Since:			
F. Number of Employees (All Facilities)		Manual:		Non-Manual:			
G. Small, Disadvantaged, Women-Owned or Veteran Status							
Check Applicable Boxes		<input type="checkbox"/> SMALL	<input type="checkbox"/> WOMEN-OWNED	<input type="checkbox"/> DISADVANTAGED:	<input type="checkbox"/> HUB ZONE		
		<input type="checkbox"/> VETERAN OWNED	<input type="checkbox"/> SERVICE DISABLED VETERAN OWNED				
2. FINANCIAL INFORMATION (This section MUST BE COMPLETED for consideration. Information is kept CONFIDENTIAL.)							
A. Banking Reference:							
B. Annual Sales Volume (Last 3 Years):		YR _____ \$ _____	YR _____ \$ _____	YR _____ \$ _____			
C. Present Net Worth					Bank Phone No.		
Can you furnish a Performance Bond?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If "Yes", indicate dollar limits.		<input type="checkbox"/> To \$250,000	<input type="checkbox"/> To \$500,000	<input type="checkbox"/> To \$1,000,000	<input type="checkbox"/> To \$5,000,000	<input type="checkbox"/> To \$10,000,000	<input type="checkbox"/> \$25,000,000 and up
Surety		Agent			Phone No.		
D. If required, can you furnish a Bank Guarantee or Letter of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate dollar limits below:							
<input type="checkbox"/> To \$250,000		<input type="checkbox"/> To \$500,000	<input type="checkbox"/> To \$1,000,000	<input type="checkbox"/> To \$5,000,000	<input type="checkbox"/> To \$10,000,000	<input type="checkbox"/> \$25,000,000 and Up	
Surety		Bank			Phone No.		

E. Current Financial Ratios (Public companies only)			
Working Capital / Total Assets		Retained Earnings / Total Assets	
Earnings Before Interest and Taxes / Total Assets		Market Value of Equity / Total Liabilities	
Sales / Total Assets			
F. Current Financial Ratios (Private companies only)			
(Current Assets-Current Liabilities) / Total Assets		Retained Earnings / Total Assets	
Earnings Before Interest and Taxes / Total Assets		Book Value of Equity / Total Liabilities	
Sales / Total Assets			
3. PERSONNEL (For this location –State “Not Applicable” if the position does not exist at this location)			
A. President:		D. Engineering Manager:	
B. Sales Manager:		E. QA/QC Manager:	
C. Production Manager:		F. Field Support Manager:	
4. LABOR RELATIONS – Shop Fabrication			
(List all crafts with which you have contracts and/or working agreements. Check here if not applicable: <input type="checkbox"/>)			
CRAFT	EXPIRATION DATE	CRAFT	EXPIRATION DATE
1.		3.	
2.		4.	
5. PLANT OPERATIONS (For this facility only. Use a separate Page 2 for other facilities) Check here if not applicable <input type="checkbox"/>			
A. Name/Address of This Facility (if different than for facility named at top of Page 1)			
Name _____		Address _____	
		Phone _____	
		Facsimile _____	
B. Number of Employees at This Facility:		C. Plant in Operation Since:	
D. Do you have a Quality Assurance/ program written to comply with the following:			
Nuclear related activities – 10CFR 830, Subpart A and DOE Order O 414.1C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ASME NQA-1-2008, with 2009 addenda.			
Other: Specify _____			
Non Nuclear related activities – 10 CFR 830, Subpart A and DOE Order O 414.1.C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ISO 9001-2000			
Other: Specify _____			
Nuclear <input type="checkbox"/> Yes <input type="checkbox"/> No Other Certification (Please Specify) _____ ISO 9001 <input type="checkbox"/> Yes <input type="checkbox"/> No Other Certification (Please Specify) _____			
For your Quality Assurance/Quality Control program(s), attach the Table of Contents from relevant manual(s) or, on additional pages, describe the method and level of compliance standard(s).			
E. Export Capabilities PROVIDE EXPORT PACKING? <input type="checkbox"/> YES <input type="checkbox"/> NO FAMILIAR WITH EXPORT FORMALITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
F. Shipping Facilities RAIL SIDING <input type="checkbox"/> TRUCK DOCKS <input type="checkbox"/> WATER ACCESS <input type="checkbox"/> WATER ACCESS DRAFT _____ meters			
6. BIDDING INTEREST AND QUALIFICATIONS			
A. Indicate your relevant experience and qualifications as described in the attached “Scope of Work”. (Attach additional pages if necessary)			
B. Indicate appropriate Contract/Purchase Order dollar range within which you prefer, and are currently able, to bid (i.e., \$250,000 to \$1,500,000)			
\$ _____ to \$ _____			

C. Indicate Industry or Code Certifications (ASME, API, TEMA, Class of Code-Stamp, etc.)					
CERTIFICATION		EXPIRATION DATE		CERTIFICATION	
1.			4.		
2.			5.		
3.			6.		
D. Subcontract Services (List type of work normally subcontracted to others)					
7. PROFESSIONAL LICENSES <i>Indicate the work category you are licensed for and the area(s) (Country/State/Province) in which you hold each. Attach additional pages, if necessary.</i>					
TYPE OF LICENSE		LOCATION		TYPE OF LICENSE	
1.			4.		
2.			5.		
3.			6.		
8. ENGINEERING, ARCHITECTURAL AND OTHER TECHNICAL SERVICES CONTRACTORS / SPECIFIC DATA LISTINGS					
A. In addition to circling applicable work categories in Appendix A (Goods and Services Codes), also indicate fields of specialization by your firm (i.e., chemical engineering, hydrology, geology, ecological surveying, etc.) on the bottom of the appendix.					
B. List Personnel by Discipline (Number on Staff)					
_____ Administrative		_____ Electrical Engineers		_____ Oceanographers	
_____ Architects		_____ Estimators		_____ Planners (Urban/Regional)	
_____ Chemical Engineers		_____ Geologists		_____ Sanitary Engineers	
_____ Construction Inspectors		_____ Interior Designers		_____ Specification Writers	
_____ Draftsman		_____ Landscape Architects		_____ Structural Engineers	
_____ Ecologists		_____ Mechanical Engineers		_____ Surveyors	
_____ Economists		_____ Mining Engineers		_____ Transportation Engineers	
9. WORK HISTORY <i>(Complete the attached Work History form per Appendix "C" and attach to this Questionnaire)</i>					
Also attach a list of permanent offices and any brochures that further describe your company's activities and capabilities. Please do not include product catalogs, inventory or price lists.					
10. SAFETY & HEALTH EXPERIENCE <i>(Complete the attached S&H form per Appendix "D" and attach to this Questionnaire)</i>					
11. SOCIAL AND ENVIRONMENT SUSTAINABILITY INITIATIVES <i>(Check all that are employed through company initiatives)</i>					
<input type="checkbox"/> Written environmental policy			<input type="checkbox"/> Products that have achieved "Cradle-to-Cradle" certification		
<input type="checkbox"/> Environmental performance integrated into corporate mission			<input type="checkbox"/> Policies and practices to minimize fuel usage or use of alternative energy		
<input type="checkbox"/> Social performance integrated into corporate mission			<input type="checkbox"/> Initiatives to mitigate environmental impacts of finished products		
<input type="checkbox"/> Annual report detailing its mission-related performance (e.g. corporate social and environmental targets)			<input type="checkbox"/> Code of conduct holding subsuppliers accountable for social and environmental performance		
12. COMPLETED BY:					
SIGNATURE			TITLE		
NAME			DATE		

APPENDICES:

APPENDIX "A" – GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED AND VETERAN ENTERPRISES

APPENDIX "C" – CONTRACTOR/SUPPLIER WORK HISTORY

APPENDIX "D" – CONTRACTOR SAFETY & HEALTH QUALIFICATION DATA

APPENDIX A

GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED, AND VETERAN ENTERPRISES

Following are definitions of small business concerns, veteran-owned small business concerns, service-disabled veteran-owned small business concerns, HUB Zone small business concerns, minority business enterprises, small disadvantaged business concerns, women-owned small business concerns and labor surplus area business concerns (all called "Enterprises") as defined by the U.S. Federal Acquisition Regulations:

Small-Business Concern	Firms, including affiliates, that are independently owned and operated, not dominant in the field of operation in which they are bidding on Government contracts, and that qualify under the criteria and size standards for small businesses in 13 CFR Part 121 as determined by the SBA.
HUB Zone	A historically underutilized business zone which is located within one or more qualified census tracts, qualified metropolitan counties, or lands within the external boundaries of an Indian reservation. HUBZone's appear on the List of Qualified HUBZone Small Business Concerns maintained by the SBA.
Veteran-owned Small Business Concern	A small business concern – (1) not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and (2) the management and daily business operations of which are controlled by one or more veterans.
Service-disabled Veteran-owned small Business Concern	(1) A small business concern – (i) not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) The management and daily business operations of which are controlled by one or more service-disabled or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. (2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).
Small Disadvantaged Business Concern (Minority)	An offeror that represents, as part of its offer, that it is a small business under the size standard applicable to the acquisition; and either – It self certifies as a small disadvantaged business concern consistent with 13 CFR part 124, subpart B; and (i) No material change in disadvantaged ownership and control has occurred since its certification; (ii) Where the concern is owned by one or more disadvantaged individuals upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and (iii) It is identified, on the date of its representation, as a self certified small disadvantaged business concern in the database maintained by the SBA (Central Contractor Registration (CCR)).
Women-Owned Small Business Concern	A small business concern – 1) which is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of the stock which is owned by one or more women; and 2) whose management and daily operations are controlled by one or more women.

CONTRACTOR/SUPPLIER WORK HISTORY

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

- [illegible]

APPENDIX D

CONTRACTOR SAFETY AND HEALTH QUALIFICATION DATA

NAME OF COMPANY: _____

The above named Company submits the following Safety & Health qualification data:

1. SAFETY PERFORMANCE

1.1.a Provide a brief description of each fatality your firm has incurred in the three most recent years (add pages if required):

Year 20[]	Year 20[]	Year 20[]
_____	_____	_____
_____	_____	_____

1.1.b Provide a brief description of each fatality by any sub-tier subcontractor working under your direction has incurred in the three most recent years (add pages if required):

Year 20[]	Year 20[]	Year 20[]
_____	_____	_____
_____	_____	_____

1.2.a Provide the following information on your firm for the three most recent years:

	20[]	20[]	20[]
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____

1.2.b Provide the following information on any sub-tier subcontractor working under your direction for the three most recent years:

	20[]	20[]	20[]
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____

2. Are accident reports and report summaries sent to the following and how often?					
	No	Yes	Monthly	Quarterly	Annually
a. Project Superintendent/Site Manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vice President/Manager of Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. President of Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you hold site safety meetings for field employees both Manual and Non-Manual?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
How Often?	
Weekly <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>
Monthly <input type="checkbox"/>	Less Often, As needed <input type="checkbox"/>

4. Do you conduct project safety inspections?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who conducts this inspection?	

TITLE	HOW OFTEN?

5. How are accident records and accident summaries kept? How often are they reported?				
	No	Yes	Monthly	Annually
a. Accidents totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How are costs of individual accidents kept? How often are they reported?				
	No	Yes	Monthly	Annually
a. Costs totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Costs totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. List key Safety and Health personnel planned for this project. Please list name and expected position. When a project has not been specified, list key company personnel.		
NAME	POSITION	PROPOSED / CURRENT PROJECT

8. Do you have a written safety & health program?

Yes ☐ No ☐

If yes, submit a copy for evaluation.

9. Do you have an orientation program for new hires?

Yes ☐ No ☐

If yes, submit a copy for evaluation. Does it include instruction on the following?

	Yes	No		Yes	No
a. Head protection	<input type="checkbox"/>	<input type="checkbox"/>	i. Fire protection	<input type="checkbox"/>	<input type="checkbox"/>
b. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	j. First aid facilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	k. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
d. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	l. Toxic substances	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety belts and lifeline	<input type="checkbox"/>	<input type="checkbox"/>	m. Trenching and excavation	<input type="checkbox"/>	<input type="checkbox"/>
f. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	n. Signs, barricades, flagging	<input type="checkbox"/>	<input type="checkbox"/>
g. Perimeter guarding	<input type="checkbox"/>	<input type="checkbox"/>	o. Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>
h. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	p. Rigging and crane safety	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	q. Road Safety (Driving)	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a program for newly hired or promoted foremen?

Yes ☐ No ☐

If yes, submit a copy for evaluation. Does it include the following?

	Yes	No		Yes	No
a. Safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	e. First aid procedures	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety supervision	<input type="checkbox"/>	<input type="checkbox"/>	f. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
c. Toolbox meetings	<input type="checkbox"/>	<input type="checkbox"/>	g. Fire protection and prevention	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	h. New worker orientation	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you hold craft "toolbox" safety meetings?

Yes ☐ No ☐

How Often?

Weekly ☐ Bi-Weekly ☐ Monthly ☐ Less Often, As needed ☐

12. Do you have a written Hazard Communication program?

Yes ☐ No ☐

If yes, how is it implemented on each project?

13. Do you have/require Material Safety Data Sheets (M.S.D.S.) for material/chemicals/equipment?

Yes ☐

No ☐

If yes, explain field procedure for informing craft workers about potential hazards:

14. List three (3) client references that could verify the quality and management commitment of your safety program.

Name

Address

Phone No.

a.

b.

c.

Attachment 4 Example DOE Order 414.1C QA Program Template

QA Questioner CP-26 Port-o-lets for NF

Quality Assurance Program		Page ___ of ___
A: Quality Assurance Program General Information		
A.1. Document Title (Add Title of Supplier Quality Assurance Program):		
A.2. Supplier Information: (Add Supplier Name, Address, & Telephone Number):		
A.3. Document Revision No. (Add revision 0, 1, 2, etc.):	A.4. Document Date (Add date document date including month/Day/year):	
A.5. Prepared By (Add the company, name, title, signature, & date of the preparer of this document):		
A.6. Reviewed and Approved For Use By (Add the name, title, signature & date of the reviewer/person authorizing the use of this document):		
B: QA Program Introduction & Objectives		
<p>B.1. This document describes the QA program of _____, [Supplier Name] hereafter referred to as Supplier. This document is based on, and describes how Supplier complies with the U.S. Department of Energy (DOE) Order 414.1C, Quality Assurance, Attachment 2, hereafter referred to as the Order and attached as Appendix A of this document. Supplier adopts the applicable Order requirements, including the Order introduction guidance, objectives, definitions, and principals for work performed by the Supplier.</p> <p>B.2. This document is organized to correlate with the major headings of the Order. For each major heading, it adopts the Order requirement, if it is applicable for work performed by the Supplier. General applicability is defined as the determination that the identified activities and processes are actually used. As an example of general applicability, if Supplier does not perform design services, then Supplier may indicate "Not Applicable" for the Order design requirements and the associated Supplier implementing method because it is not applicable.</p> <p>B.3. The Supplier adopts the introduction and Section 1 "Objectives" of the Order.</p>		
C: General Quality Requirements		
<p>C.1. Supplier has assigned _____ [Name/Title] as the senior management position responsible for development, implementation, assessment and improvement of this QA program as required by Section 2 of the Order.</p> <p>C.2. Supplier incorporates the appropriate national or international consensus standard as required in procurement documents or regulatory requirements.</p> <p>C.3. Supplier shall update this document as required to accurately reflect the QA program of Supplier and/or to meet customer requirements. The updates shall be reviewed and approved by Supplier.</p>		
D: Quality Assurance Criteria		
<p>D.1. Management/Criterion 1 – Program. Supplier meets this criterion by (check all that apply):</p> <p>D.1.1. Having a company organizational structure, functional responsibilities, levels of authority, and interfaces for those managing, performing, and assessing work that is: <input type="checkbox"/> verbally communicated in meetings among Supplier management/supervisors and workers; <input type="checkbox"/> communicated by the Supplier management in organization charts or other documents; <input type="checkbox"/> Other: _____</p> <p>D.1.2. Establishing management processes, including planning, scheduling, and providing resources for work by <input type="checkbox"/> pre-job briefing/instruction; <input type="checkbox"/> using company or customer planning documents/work schedules. <input type="checkbox"/> Other: _____</p>		
<p>D.2. Management/Criterion 2 – Personnel Training and Qualification. Supplier meets this criterion by (check all that apply):</p> <p>D.2.1. Training and qualifying personnel to be capable of performing assigned work through <input type="checkbox"/> mentoring new personnel in on-the-job (OJT) training, <input type="checkbox"/> using only personnel that meet regulatory licensing requirements for the State in which work is performed (e.g., construction craft licensing requirements; professional engineering licensing requirements.); <input type="checkbox"/> using company or customer training/qualification procedures/work instructions; <input type="checkbox"/> Other (Describe): _____</p> <p>D.2.2. Providing continuing training to personnel to maintain job proficiency by <input type="checkbox"/> pre-job/ post-job reviews or briefings; <input type="checkbox"/> maintaining personnel licensing requirements for the State in which work is performed; <input type="checkbox"/> providing re-training to company or customer training/qualification procedures/work instructions; <input type="checkbox"/> Other (Describe): _____</p>		
<p>D.3. Management/Criterion 3 – Quality Improvement. Supplier meets this criterion by (check all that apply):</p> <p><input type="checkbox"/> pre-job/post-job reviews, including discussion/development of lessons-learned; <input type="checkbox"/> Management observation of workers; <input type="checkbox"/> inspections; <input type="checkbox"/> documented company or customer procedures/work instructions; <input type="checkbox"/> requiring workers to control items (tagging, segregating, or other means to prevent their inadvertent use); <input type="checkbox"/> Other (Describe): _____</p>		
<p>D.4. Management/Criterion 4 – Documents and Records. Supplier meets this criterion by (check all that apply):</p> <p>D.4.1. Preparing, reviewing, approving, issuing, using and revising documents to prescribe processes, specify requirements, or establish design through <input type="checkbox"/> use of contract documents; <input type="checkbox"/> documented company or customer procedures/work instructions; <input type="checkbox"/> use of codes/standards; <input type="checkbox"/> Other (Describe): _____</p> <p>D.4.2 Specifying, preparing, reviewing, approving, and maintaining records through <input type="checkbox"/> performing these activities as required and in accordance with the methods outlined in contract documents; <input type="checkbox"/> maintaining work files for a specified period of time as required by contract or as determined by management. <input type="checkbox"/> documented company or customer procedures/work instructions; <input type="checkbox"/> Other (Describe): _____</p>		

Attachment 4

Example DOE Order 414.1C QA Program Template (continued)

Quality Assurance Program

Page ____ of ____

D.5. Performance/Criterion 5 – Work Processes. Supplier meets this criterion by (check all that apply):

D.5.1. ☐ implementing work to contract requirements; ☐ use of applicable codes/standards; ☐ performing work as discussed in pre-job/post-job meetings; ☐ maintaining items in controlled environments to prevent damage, loss, or deterioration as described in pre-job/post job meetings or as instructed by supervisors; ☐ Other (Describe): _____

D.6. Performance/Criterion 6 – Design. Supplier meets this criterion by (check all that apply):

☐ Not Applicable (NA). Supplier does not perform design; ☐ documented company or customer procedures/work instructions; ☐ Other (Describe): _____

D.7. Performance/Criterion 7 – Procurement. Supplier meets this criterion by (check all that apply):

D.7.1. Procuring items and services that meet established requirements and perform as specified using ☐ requirements as established in customer or company procurement documents; ☐ Other (Describe): _____

D.7.2. Evaluating and selecting prospective suppliers on the basis of specified criteria such as ☐ past supplier performance history; ☐ ability to provide items/services when needed (schedule); ☐ cost; ☐ conformance with customer or company specified technical/quality requirements; ☐ Other (Describe): _____

D.7.3. Establishing and implementing processes to ensure that approved suppliers continue to provide acceptable items and services including such processes as ☐ inspections/rejection of items/services; ☐ non-conformance reporting/communication with supplier(s); ☐ discontinued or reduced use of supplier; increased use of other suppliers; ☐ Nonpayment or reduce payment for items/services; ☐ Other (Describe): _____

D.8. Performance/Criterion 8 - Inspection and Acceptance Testing 8 – Procurement. Supplier meets this criterion by (check all that apply):

D.8.1. Inspecting and testing specified items, services, and processes using established acceptance and performance criteria as ☐ described in company or customer procurement documents; ☐ described in applicable codes and standards; ☐ described in company or customer procedures/work instructions. Other (Describe): _____

D.8.2. Calibrating and maintaining equipment used for inspection and testing as ☐ described in company or customer procurement documents; ☐ described in applicable codes and standards; ☐ described in company or customer procedures/work instructions. Other (Describe): _____

D.9. Assessment/Criterion 9 – Management Assessment. Supplier meets this criterion by (check all that apply):

Managers assessing their management processes and identifying and correcting problems that hinder the organization from achieving its objectives in ☐ pre-job/post-job reviews, including discussion/development of lessons-learned; ☐ Management observation of workers; ☐ inspections; ☐ documented company or customer procedures/work instructions; ☐ Other (Describe): _____

D.10. Assessment/Criterion 10 – Independent Assessment. Supplier meets this criterion by (check all that apply):

D.10.1 Planning and conducting independent assessments to measure item and service quality, to measure the adequacy service quality, work adequacy/performance and opportunities for improvement; ☐ independent assessments performed by customers and/or other independent entities; ☐ documented company or customer procedures/work instructions for independent assessments; ☐ Other (Describe): _____

D.10.2. Establishing sufficient authority and freedom from line management for independent assessment teams by committing and agreeing to provide such authority and freedom to independent assessment teams as stated ☐ in this document; ☐ in contract documents; ☐ in customer and/or company procedures/work instructions; ☐ Other (Describe): _____

D.10.3. Ensuring that persons conducting independent assessments are technically qualified and knowledgeable in the areas to be assessed through ☐ review of resumes or other qualification data to ensure persons have performed a minimum of ____ number of similar assessments successfully within the past ____ years; ☐ qualification as an auditor or lead auditor by customer or other organizations, to recognized standards.

D.11. Suspect/Counterfeit Item (S/CI) Prevention Process. Supplier meets this criterion by (check all that apply):

Addressing the identification, analysis, prevention and removal of S/CI in ☐ awareness training of relevant S/CI issues in pre-job/post-job meetings; ☐ posting and reviews of S/CI issue notifications/bulletins and databases; ☐ pre-job/post-job evaluations, reviews; ☐ inspections; ☐ customer and/or company procedures/work instructions; ☐ management training; ☐ management observations; ☐ engineering/design activities and/or involvement; ☐ acceptance of items/services; ☐ procurement practices; ☐ Other (Describe): _____

D.12. Safety Software Quality Requirements. Supplier meets this criterion by (check all that apply):

☐ Not Applicable (NA); Supplier does not develop and/or implement safety software.

☐ Use of customer and/or Supplier procedures/work instructions that address the safety software quality requirements of the Order including but not limited to the requirement that work processes involving safety software are developed and implemented using national or international consensus standards that include a) facility design authority involvement, b) identification, documentation and maintenance of safety software inventory, c) establishment of grading levels, selection and implementation of applicable software QA work activities to ensure safety software performs its intended functions.

E: Customer Acceptance

This section of the Supplier QA Program is an optional section that provides space for Customers to document their review and approval of this document as applicable/required in the Supplier/customer contract.

E.1. Customer Approval Recommended by (e.g., Name/☐ QA Representative; ☐ Other _____/Signature/Date):

E.2. Authorized Customer Approval (e.g., Approver Name/Title/Signature/Date):

Appendix A: DOE Order 414.1C, Attachment 2, Quality Assurance Contractor Requirements Document

Instructions for Attachment 4: Example DOE Order 414.1C Program Template

1. **Scope and Applicability:** This template is an optional template that may be provided to Suppliers to use to demonstrate how the supplier complies with DOE Order 414.1C, Quality Assurance, Attachment 2 (hereafter referred to as the Order) for low-risk, low complexity procurements by Los Alamos National Laboratory (LANL). This template is an example that may be customized as required by LANL or the Supplier. Completion of this template does not imply or otherwise indicate approval of supplier's QA program. Supplier use of this form is at supplier's risk.
2. **General.** This template is designed for the supplier to customize. Electronic versions of this document in MS Word are available. This template may be completed by using the electronic version to add supplier information, or by hand-writing information on a hard copy. Change may be made to this document; however, changes should be made in conformance with the Order.
3. **Section A: Quality Assurance Program General Information.** Add general supplier QA program information in this section, including the QA program title, revision number, document date, who it was prepared by, and who reviewed and approved it for use. Add the name, date and signature of the preparer and the person that reviewed and authorized the document.
4. **Section B: Introduction & Objectives.** This section introduces the QA program and states its objectives. This section adopts the objectives of the Order unless otherwise modified by the supplier. This section refers to the Order and indicates that it is attached to the supplier QA program. A copy of the Order may be obtained from the DOE Directives website, <https://www.directives.doe.gov/>. Obtain and attach the Order. Modify this section as required, however ensure compliance with Order requirements
5. **Section C: General Quality Requirements.** This section demonstrates how the supplier meets the general quality requirements as stated in the Order. Add the name and title of the supplier's QA representative. Modify this section if needed, however, modifications should be checked against the Order to ensure this section remains compliant with the Order. Do not check boxes for activities unless the Supplier actually performs the activity.
6. **Section D: Quality Assurance Criteria.** This section demonstrates how the supplier meets the QA criteria of the Order, including the 10 numbered criteria plus suspect/counterfeit items (S/CI) and safety software criteria. Review the criteria and either check the box, which represent common methods used to satisfy the criteria, and/or add other methods which demonstrate compliance with the criteria. Where "Other" is checked, describe how the requirement is met. Use additional sheets/attachments if necessary.
7. **Customer Acceptance.** This section is an optional section of the document that provides space for customers to document their review and approval of this document. It is not a mandatory section. This section may be customized as required to meet QA program procurement review and approval sections of the relevant procurement.